TWENTY-EIGHTH ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR 1926.

APPENDICE.

No. II.

RAPPORT

DE

MONSIEUR L'OFFICIER DE LA SANTÉ PUBLIQUE, 1926.

XVI.—1927.

RAPPORT DE MONSIEUR L'OFFICIER DE LA SANTÉ PUBLIQUE, 1926.

States Office, Guernsey, 12th September, 1927.

SIR,

Following precedent I have the honour to forward herewith the Annual Report of the Medical Officer of Health for the year 1926, with the request that it may be printed as an Appendix to a *Billet d'Etat*, and that a number of copies (say 100) be struck off for distribution in the usual way.

I have the honour to be, Sir,
Your obedient Servant,

G. E. KINNERSLY,
President,
States Sanitary Committee.

Sir Havilland de Sausmarez,
Bailiff, and President of the States.

TWENTY-EIGHTH ANNUAL REPORT

OF THE

Medical Officer of Health, Guernsey

For the year 1926,

WITH CERTAIN OBSERVATIONS COVERING THE PERIOD ENDING 30TH JUNE, 1927.

POPULATION.

It appears as if the estimation of our population by the ordinary methods adopted becomes increasingly difficult when applied to Guernsey. The natural increase of births over deaths during the year was exactly the same as that of 1925, viz.: 238. The population at the middle of the year is for statistical purposes taken as being 38,650, males 18,215 and females 20,435. It is thus assumed to have increased by 736 persons only since the last census was taken in 1921. I believe this to be an under estimate, but it is intended to be such, rather than to make a mistake in the opposite direction.

The figures given for our birth and death rates are based upon this estimate, and therefore possibly may not be accurate.

Table I.

YEAR.	Estimated population to middle of each year.	BIRTHS per 1,000.		DEATHS per 1,000.			DEATHS under 1 year of Age.	
		Number	Rate.	Number	Crude Rate.	Standardised Rate.	Number.	Rate per 1,000 Births
1916.....	41,000	698	17·0	536	13·0		62	88·9
1917.....	39,000	694	17·7	554	14·2		57	82·0
1918	38,500	664	17·2	603	15·6		49	73·8
1919..... ..	39,600	659	16·6	578	14·6		64	98·6
1920.....	37,914	893	23·5	507	12·6		74	82·8
1921.....	37,914	768	20·0	502	13·2		60	78·0
1922.....	38,200	810	21·2	537	14·0		76	90·0
1923.....	38,200	764	20·8	551	13·3		58	73·0
1924.....	38,400	753	19·8	466	12·1	9·6	43	53·1
1925.....	38,580	758	19·9	522	13·5	10·7	56	74·0
Averages for ten years, 1916-1925.	38,730	746	19·3	535	13·6	—	59	79·4
1926.	38,650	787	20·3	549	14·2	—	81	102·9

Table II.

ENGLISH AND GUERNSEY STATISTICS.

	Birth rate per 1,000.	Death rate per 1,000.	Deaths under 1 year per 1,000 births
England and Wales	17·8	11·6	70
105 County Boroughs and great towns including London	18·2	11·6	73
158 smaller Towns	17·6	10·6	67
London	17·1	11·6	64
Guernsey.....	20·3	14·2 crude...	102·9
		11·2 standardized.	

BIRTHS.

The births numbered 787—males 431, females 356. This is an unusually large number of males compared with those of females, the average number being about five per cent. higher. The birth rate was 20.3 per 1,000, slightly higher than that of the previous year and 1.0 above the average of the preceding ten years. For the ten years ending 1906 it was 27.7. The numbers of still-births and illegitimate births registered were a curious coincidence, both the same as last year, 35 and 33 respectively. The percentages to the total are 4.5 and 4.2.

DEATHS.

There were 549 deaths registered during the year; 270 male, with an average age at death of 49.7 years, and 279 female with an average age of 53.0 years. The crude death rate was 14.2, and the standardised rate, *i.e.*, the one used for comparative purposes with England and Wales 11.2 per 1,000. The crude death rate is 0.6 higher than that of the average of the previous ten years, and only 0.1 below that of the ten years 1907-1916. The very large number of deaths under 1 year, the increase of deaths from Broncho Pneumonia, Pneumonia and Heart Disease, respectively, 9, 5 and 18, above the average of many years past must be recorded.

I have adopted this year the new International List of Causes of Death instead of the older one, but I confess that I find it somewhat difficult to know under which headings to place some causes of death.

There were 167 deaths between the ages of 65 and 80 years; 85 between 80 and 90; and 9 over 90 years of age. The percentages of the total deaths were respectively 28.7, 15.5 and 1.6.

Percentage of Deaths at Different Age Periods.

	Under 1 year.	Years 1-5.	Years 5-15.	Years 15-25.	Under 25 years.	Years 25-65.	Over 65 years.
1900-1904	24·0	9·0	4·0	5·0	42·0	27·0	31·0
1905-1909	22·3	8·0	3·0	4·6	38·0	28·0	34·0
1910-1914	20·2	7·2	3·3	3·8	34·5	27·8	37·7
1915-1919	12·5	5·1	3·6	4·9	26·2	33·1	40·7
1920-1924	11·5	3·6	3·7	5·5	24·4	30·4	45·3
1924	8·6	3·2	1·7	5·0	18 5	32·3	50·2
1925	10·7	4·2	2·8	4·8	22·5	29 9	47·7
1926	14·7	3·2	2·2	3·9	24·0	28·6	47·4

Deaths in Public Institutions were as follows:—

Town Hospital	55
Town Asylum	5
Country Hospital	51
Country Asylum	4
Victoria Hospital	16
King Edward Sanatorium	6
	137 or 25 per cent. of the total.

There were 44 inquests held during the year. In every case of death either a medical certificate was given, or an inquest held.

The most important causes of death compare with those of previous years as follows:—

	Average Years 1906-1925.	1926.
Measles	5.6	—
Whooping Cough	5.2	15
Epidemic Enteritis	10.9	—
Diphtheria	4.2	—
Senile Decay	69.9	67
Cancer	40.9	50
Broncho Pneumonia	8.2	17
Pneumonia	18.8	23
Bronchitis	23.7	21
Heart Disease	63.9	80
Apoplexy	31.3	36
Phthisis	38.0	41
Tuberculosis (other)	11.6	4
Influenza	11.8	9

INFANTILE MORTALITY.

The number of children who died under the age of 1 year was 81, a rate of 102.9 per 1,000! This is an exceedingly large number, the highest since the first two years of the Great War. It is actually double the number who died in 1924. In 1925 the number was 56. High as the rate for the year is, still it is not so excessive as was the average rate for the 10 years ending 1906, viz., 145.7.

From January to June there were 55 deaths, from July to December there were 26, the rates being respectively 140 and 66.

The deaths of babies under 1 month were 37 per cent. of the total, about the same as last year. In the parish of St. Peter-Port the rate was 106, in St. Sampson's 116, in the Vale 131, and in the remaining country parishes 79.

Compared with last year, there were 8 more deaths from Whooping Cough, which was very prevalent in March and April in the Town, Vale and St. Sampson's parishes. There was also one death from it in the Castel, but there were none in any of the other country parishes. Lung diseases accounted for an extra 9, and debility at birth and premature birth 6 more.

In view of the great decrease in infantile mortality in Guernsey since the beginning of the present century, it has really been more than halved; it would be unfair to attach too much importance to the figures for any single year however disappointing and unsatisfactory they may appear to be.

In a recent special report to the Medical Research Council, it is stated that maternal efficiency is the chief agent in the production of healthy children. Few people who have practical experience of this question will doubt the truth of this observation. Indeed, one often sees examples of mothers who might well plead that "all these things are against me," achieving results which seem impossible at first sight. The general operation of Public Health work helps them in some degree indirectly, but it is to the

direct influence of such measures as good housing accommodation, maternity and child welfare schemes, that these most deserving and worthy mothers of the coming generation must look for encouragement and relief. Such measures also must act as a stimulant for less satisfactory mothers to aspire to higher ideals as regards their children. This year it may be said that we are about to realize our responsibilities in this latter matter more fully than has been the case in the past.

Table III.

CAUSES OF DEATH OF CHILDREN UNDER 1 YEAR OF AGE.

Cause of Death.	Under 1 week.	Between weeks 1-2	2-3	3-4	Total under month.	Between Months 1-3	3-6	6-9	9-12	Total.
Epidemic, Endemic and Infectious Diseases.										
Whooping Cough	–	–	–	–	—	2	2	2	3	9
Diseases of the Nervous System and Sense Organs.										
Meningitis	–	–	–	–	—	–	2	–	–	2
Convulsions	1	–	–	–	1	–	1	–	–	2
Diseases of the Circulatory System.										
Heart Disease	1	–	–	–	1	1	–	–	–	2
Diseases of the Respiratory System.										
Acute Bronchitis	–	1	–	–	1	1	–	1	–	3
Pneumonia	–	–	–	–	—	2	1	–	3	6
Broncho Pneumonia	–	–	1	1	2	2	1	4	–	9
Diseases of the Digestive System.										
Enteritis	–	–	–	–	—	–	2	–	–	2
Enteritis (Epidemic)	–	–	–	–	—	–	1	2	–	3
Congenital Malformations.										
Congenital Malformation	2	1	1	–	4	1	1	–	–	6
Diseases of Early Infancy.										
Congenital Debility	5	1	1	1	8	7	6	1	–	22
Premature Birth	10	1	2	–	13	2	–	–	–	15
Totals	19	4	5	2	30	18	17	10	6	81

Table IV.

RETURN OF BIRTHS AND DEATHS REGISTERED DURING 1926.

BIRTHS.

PARISH LETTER :	St. P.-Port. *A*	St. Sampson's *B*	Vale. *C*	Castel. *D*	St. Saviour's. *E*	St. Pierre-du-Bois. *F*	Torteval. *G*	Forest. *H*	St. Martin's. *I*	St. Andrew's. *K*	Total.
Males	193	62	56	28	14	19	1	7	37	14	431
Females	185	33	43	38	9	5	4	5	27	7	356
Totals	378	95	99	66	23	24	5	12	64	21	787

STILL BIRTHS (Males, 16 ; Females, 19). Total 35.

ILLEGITIMATE BIRTHS—33.

DEATHS.

PARISH LETTER :	*A*	*B*	*C*	*D*	*E*	*F*	*G*	*H*	*I*	*K*	Total
No. 1. *Epidemic, Endemic and Infectious Diseases.*											
Whooping Cough	6	5	3	1	–	–	–	–	–	–	15
Influenza	2	–	2	1	–	1	1	–	1	1	9
Erysipelas	–	1	–	1	–	–	–	–	–	–	2
Tetanus	1	–	–	–	–	–	–	–	–	–	1
Tuberculosis (all forms).											
Phthisis	15	8	5	4	2	1	–	–	2	4	41
Tubercular Peritonitis	1	1	1	–	–	–	–	–	–	–	3
Tuberculosis of Joints	–	–	–	1	–	–	–	–	–	–	1
Syphilis	1	–	–	–	–	–	–	–	–	–	1
Septicæmia	3	–	1	2	–	–	–	–	–	1	7
No. 2. *General Diseases not included in No.* 1 :											
Cancer	25	5	4	6	1	1	1	–	4	3	50
Chronic Rheumatism	1	–	–	–	–	–	–	–	–	–	1
Diabetes	3	–	–	–	–	–	–	–	–	–	3
Pernicious Anæmia	2	–	1	1	–	–	–	–	1	–	5
Alcoholism	2	–	1	–	–	–	–	–	1	–	4
Purpura	–	–	–	1	–	–	–	–	–	–	1
Addison's Disease	–	–	1	–	–	–	–	–	–	–	1
Carried forward	62	20	19	18	3	3	2	–	9	9	145

Brought forward	62	20	19	18	3	3	2	–	9	9	145
No. 3. *Diseases of the Nervous System and Sense Organs.*											
Meningitis	2	2	1	–	–	–	–	–	–	–	5
Cerebral Hæmorrhage (Apoplexy]	19	3	4	5	–	1	–	–	2	2	36
Cerebral Thrombosis	3	–	–	–	–	–	–	–	–	–	3
Epilepsy	2	–	–	–	–	–	–	–	1	–	3
Convulsions (non-Puerpural)	1	–	–	–	–	–	–	1	1	–	3
General Paralysis of the Insane	1	–	–	–	–	–	–	–	–	–	1
Paralysis—Other forms	2	1	1	–	–	–	–	–	–	–	4
Paralysis Agitans	1	–	–	–	–	–	–	–	–	–	1
No. 4. *Diseases of the Circulatory System.*											
Heart Disease	33	13	9	10	3	3	2	1	5	1	80
Angina Pectoris	2	–	–	–	–	–	–	–	–	–	2
Arterio-Sclerosis	7	1	2	2	–	1	–	1	–	–	14
No. 5. *Diseases of the Respiratory System.*											
Acute Bronchitis	2	1	1	–	–	–	–	–	1	1	6
Chronic Bronchitis	7	3	1	1	–	1	–	1	1	–	15
Pneumonia	9	3	3	4	–	1	–	–	1	2	23
Broncho-Pneumonia	6	3	2	2	1	–	–	–	3	–	17
Pleurisy	1	–	–	–	–	–	–	–	–	–	1
Asthma	1	–	–	–	–	–	–	–	–	–	1
No. 6. *Diseases of the Digestive Sys'em*											
Ulcer of Stomach	–	–	–	–	–	1	–	–	–	–	1
Enteritis	1	1	–	–	–	1	–	1	–	1	5
Enteritis (Epidemic)	3	–	–	–	–	–	–	–	–	–	3
Colitis	1	–	–	–	–	–	–	–	–	–	1
Appendicitis	2	–	–	–	–	–	–	–	–	–	2
Strangulated Hernia	3	–	–	1	–	–	1	–	–	–	5
Intestinal Obstruction	1	–	3	–	–	–	–	–	–	–	4
Jaundice	1	–	–	–	–	–	–	–	–	–	1
Cirrhosis of Liver	2	–	–	–	–	–	–	–	–	–	2
Hepatitis	4	–	–	–	–	–	–	–	–	–	4
Biliary Calculi	1	–	–	–	–	–	–	–	–	–	1
Peritonitis	–	–	–	–	–	–	–	–	1	–	1
Carried forward	180	51	46	43	7	12	5	5	25	16	390

Brought forward	180	51	46	43	7	12	5	5	25	16	390
No. 7. *Non-Venereal Diseases of the Genito-Urinary System and Annexa.*											
Chronic Nephritis	10	4	1	1	–	–	1	2	1	–	20
Cystitis	1	–	–	–	–	–	–	–	–	–	1
No. 8. *The Puerpural State.*											
Eclampsia	1	–	–	–	–	–	–	–	–	–	1
No. 9. *Diseases of the Skin and Cellular Tissue.*											
Gangrene	–	–	–	1	–	–	–	–	–	–	1
No. 10. *Diseases of the Bones and Organs of Locomotion.*											
No. 11. *Congenital Malformations.*											
Congenital Malformation	4	–	1	–	–	–	–	1	–	–	6
No. 12. *Diseases of Early Infancy.*											
Congenital Debility	15	2	1	2	1	1	–	–	–	–	22
Premature Birth	7	1	4	–	1	–	–	–	1	1	15
No. 13. *Old Age.*											
Senile Dementia	–	–	–	–	–	–	–	–	–	1	1
Senile Decay	26	9	11	4	2	2	–	2	6	5	67
No. 14. *External Causes.*											
Suicide	2	–	–	–	–	–	–	–	–	–	2
Violent Deaths, excluding Suicide and Homicide.											
Accidental Drowning	2	2	1	–	–	–	1	1	–	–	7
Accidental Injury by Fire-arms	1	–	–	–	–	–	–	–	1	–	2
Run Over	2	–	–	–	–	–	–	–	–	–	2
Fall	5	–	–	2	–	–	–	–	–	–	7
No. 15. *Ill-Defined Diseases.*											
Natural Causes	1	–	–	2	–	–	–	–	–	–	3
Debility	1	–	–	–	–	–	–	–	–	–	1
Asphyxia	1	–	–	–	–	–	–	–	–	–	1
Totals	259	69	65	55	11	15	7	11	34	23	549

Table V.

CAUSES OF, AND AGES AT DEATH, OF DEATHS REGISTERED DURING THE YEAR 1926

CAUSE OF DEATH.	Under 1 yr.	Between 1-2	2-5.	5-15.	15-25.	25 to 65.	Over 65.	Total.
No. 1. *Epidemic, Endemic, and Infectious Diseases—*								
Whooping Cough	9	3	3	—	—	—	—	15
Influenza	—	—	—	1	1	1	3	9
Erysipelas	—	—	—	—	—	1	1	2
Tetanus	—	—	—	—	—	1	—	1
Tuberculosis (All forms.)								
Phthisis	—	—	—	3	14	24	—	41
Tubercular Peritonitis	—	—	1	1	—	1	—	3
Tuberculosis of Joints	—	—	—	1	—	—	—	1
Syphilis	—	—	—	—	—	1	—	1
Septicæmia	—	—	—	—	—	4	3	7
No. 2. *General Diseases not included in No.* 1—								
Cancer	—	—	—	—	—	26	24	50
Chronic Rheumatism	—	—	—	—	—	—	1	1
Diabetes	—	—	—	—	—	1	2	3
Pernicious Anæmia	—	—	—	1	—	2	2	5
Alcoholism	—	—	—	—	—	3	1	4
Purpura	—	—	—	—	—	1	—	1
Addisons Disease	—	—	—	—	—	1	—	1
No. 3. *Diseases of the Nervous System and Sense Organs—*								
Meningitis	2	1	1	—	1	—	—	5
Cerebral Hæmorrhage (Apoplexy.)	—	—	—	—	—	9	27	36
Cerebral Thrombosis	—	—	—	—	—	2	1	3
Epilepsy	—	—	—	1	—	2	—	3
Convulsions (non-puerperal.)	2	1	—	—	—	—	—	3
General Paralysis of the Insane	—	—	—	—	—	—	1	1
Paralysis-other forms	—	—	—	—	—	1	3	4
Paralysis agitans	—	—	—	—	—	—	1	1
Carried forward	13	5	6	8	16	83	70	201

Brought forward	13	5	6	8	16	83	70	201
No. 4. Diseases of the Circulatory System—								
Heart Disease.....	2	—	1	1	—	23	53	80
Angina Pectoris	—	—	—	—	—	1	1	2
Arterio—Sclerosis	—	—	—	—	—	5	9	14
No. 5. Diseases of the Respiratory System—								
Acute Bronchitis	3	—	—	—	—	1	2	6
Chronic Bronchitis ...	—	—	—	—	—	3	12	15
Pneumonia	6	—	1	—	—	9	7	23
Broncho-Pneumonia .	9	2	1	—	—	3	2	17
Pleurisy	—	—	—	—	—	1	—	1
Asthma	—	—	—	—	—	—	1	1
No. 6. Diseases of the Digestive System—								
Ulcer of Stomach.....	—	—	—	—	—	—	1	1
Enteritis	2	—	—	1	—	—	2	5
Enteritis (Epidemic.) .	3	—	—	—	—	—	—	3
Colitis	—	—	—	—	—	1	—	1
Appendicitis	—	—	—	1	—	1	—	2
Strangulated Hernia ..	—	—	—	—	—	—	5	5
Intestinal Obstruction	—	—	—	—	—	1	3	4
Jaundice	—	—	—	—	—	—	1	1
Cirrhosis of Liver.....	—	—	—	—	—	1	1	2
Hepatitis	—	—	—	—	—	1	3	4
Biliary Calculi	—	—	—	—	—	1	—	1
Peritonitis	—	—	—	—	—	1	—	1
No. 7. Non-Venereal Diseases of the Genito-Urinary System and Annexa—								
Chronic nephritis ...	—	—	—	—	1	9	10	20
Cystitis	—	—	—	—	—	—	1	1
No. 8. The Puerperal State—								
Eclampsia	—	—	—	—	1	—	—	1
No. 9. Diseases of the Skin and Cellular Tissue—								
Gangrene.....	—	—	—	—	—	1	—	1
Carried forward	38	7	9	11	18	146	184	413

Brought forward	38	7	9	11	18	146	184	413
No. 10. *Diseases of the Bones and Organs of Locomotion—*								
No. 11. *Congenital Malformations—*								
Congenital Malformation	6	—	—	—	—	—	—	6
No. 12. *Diseases of Early Infancy—*								
Congenital Debility ...	22	—	—	—	—	—	—	22
Premature Birth	15	—	—	—	—	—	—	15
No. 13. *Old Age—*								
Senile Dementia	—	—	—	—	—	—	1	1
Senile Decay.....	—	—	—	—	—	—	67	67
No. 14 *External Causes—*								
Suicide.....	—	—	—	—	—	2	—	2
Violent Deaths excluding Suicide and Homicide:								
Accidental Drowning	—	—	—	1	1	4	1	7
Accidental Injury by Firearms	—	—	—	—	1	1	—	2
Run over.....	—	—	—	—	—	1	1	2
Fall	—	—	—	—	1	2	4	7
No. 15. *Ill-Defined Diseases—*								
Natural Causes.....	—	—	—	—	—	1	2	3
Debility	—	—	—	—	—	—	1	1
Asphyxia.....	—	1	—	—	—	—	—	1
Totals	81	8	9	12	21	157	261	549

DIPHTHERIA NOTIFIED IN 1926.

	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total
St. Peter-Port	5	5	4	–	2	4	2	1	2	–	1	---	26
St. Sampson's	6	4	2	4	3	1	–	1	–	–	–	4	25
Vale	1	7	4	1	–	1	2	–	–	–	–	—	16
Castel	2	3	4	–	1	1	–	–	2	–	2	—	15
St. Saviour's	1	–	1	1	–	–	–	–	–	–	–	—	3
St. Peter's	4	1	–	–	4	–	–	–	–	–	–	---	9
Torteval	–	–	–	–	–	–	–	–	–	–	–	—	—
Forest	1	–	–	–	–	–	–	–	–	–	–	—	1
St. Martin's	1	1	–	–	–	–	–	–	–	–	–	—	2
St. Andrew's	1	1	–	–	–	–	–	–	1	–	–	1	4
	22	22	15	6	10	7	4	2	5	–	3	5	101

CASES TREATED AT SANATORIUM AND AT HOME, 1926.

DIPHTHERIA.	St. Peter-Port.	St. Sampson's.	Vale.	Castel.	St. Saviour's	St. Peter's.	Torteval.	Forest.	St. Martin's.	St. Andrew's.	Total.
Treated at Sanatorium	24	25	16	14	3	9	–	1	1	4	— 97
„ Home	2	–	–	1	–	–	–	–	1	–	— 4
Total	26	25	16	15	3	9	–	1	2	4	—101

CASES CLASSIFIED ACCORDING TO AGE.

	Under 1 Year.	BETWEEN 1-5	5-10	10-15	15-20	20-25	Over 25.	Total
Diphtheria	–	16	49	15	7	3	11	— 101

MARRIAGES.

There were 317 marriages during the year, equal to a rate of 15.9 per 1,000. There were 177 marriages in Church of England, 54 in Non-conformist, 25 in Roman Catholic Churches; 61 took place at the Greffe Office. The marriage rate here has not varied much during the past seven years, nor does it differ much from that of England and Wales.

INFECTIOUS DISEASES.

The King Edward Sanatorium.

There were 129 cases admitted during the year. Diphtheria 97, Scarlet Fever 10, Enteric Fever 4, Rubella 2, Erysipelas 1, and Phthisis 11. Four patients were taken in on behalf of the Victoria Hospital whilst it was closed

for repairs. As towards the end of the year there were but few patients in the Sanatorium, and after the large number of cases which had been admitted during the past three years, it seemed probable that there would be less pressure upon the beds for some time to come, the Board realising that an adequate staff must be always maintained, no matter how small the number of patients might be, gave careful consideration to the problem of the utilization of the empty beds in the most advantageous manner.

The use of some of the accommodation for consumptive patients in an early and curable stage had been tried for years with most disappointing results, as it had been found that practically all patients applying for admission were in an advanced and hopeless condition. It was felt that this problem could only be faced by the admission of patients suffering from non-notifiable infectious diseases such as Influenza, Measles, Whooping Cough and respiratory diseases, which are often the predisposing causes of Tuberculosis. Septic diseases, which it was not advisable to admit to other hospitals or to leave in their homes, and many other conditions which though not specially detailed, were considered as also suitable for admission, the Board desiring a free hand in the matter to act as they thought best in the public interests.

As regards patients, shop assistants and domestic servants, for example, were considered to be often specially in need of hospital accommodation when ill, but any case would be considered upon its merits and with a wide discretion.

The Board were unanimously of opinion that as these suggestions would result in a great increase of their responsibilities and render the administration of the institution more difficult than was formerly the case, all such patients should be under the care of their M.O.H. as Superintendent of the Sanatorium.

The States approved of the suggestions of the Board.

DIPHTHERIA.

Although the number of cases notified as Diphtheria was still high, viz., 101, yet it is considerably below the very high average of the past five years, and it seems as if the severe and prolonged epidemic which had been such a source of anxiety to the Board of Health and at times such a heavy tax upon its resources and personnel, was at last drawing to an end.

So much has been written in past reports as to the local incidence of this disease that there is nothing new to be said upon the subject. The report for 1925 entered fairly fully into detail in connection with it. There were no deaths. On the whole the type was mild but there were a proportion of severe cases. There were two tracheotomies for laryngeal cases, one on a moribund child in a small crowded room and by the light of a candle, the child rallying sufficiently to be afterwards removed to the Sanatorium, where

he made a good recovery. The absence of deaths is quite exceptional for the number and character of the cases treated. There was a steady decrease in the numbers of cases in the four quarters of the year, 59, 23, 11 and 8, the usual autumn increase being replaced by a marked decrease in the numbers. The Town, St. Sampson's, Vale and the Castel parishes were answerable for 82 cases. St. Peter's-in-the-Wood had 9 cases, an outbreak which caused some anxiety but fortunately did not attain abnormal proportions as might have happened, this parish having had few cases for many years past. The other country parishes had but 10 cases between them.

It seems not too much to hope or even to predict that for some considerable time to come the incidence of this disease will be greatly lower than that of the past five or six years.

SCARLET FEVER.

We have been free from this disease since the year 1921 when a single case occurred. As it has been very prevalent in England of late years, we have been fortunate to escape its introduction here.

At the end of March a seaman who was very ill was landed here from a coasting steamer and died whilst being removed to the Country Hospital. At the inquest a verdict was returned that he died from natural causes, probably Pneumonia. The mortuary attendant afterwards stated that the body was very dark coloured, and from subsequent events there can be little doubt that this man died from hæmorrhagic Scarlet Fever. A few days afterwards, on April 3rd, the attendant developed symptoms of the disease, and two patients who he had looked after sickened on the 9th and 14th instants. The three were very pronounced cases and were removed to the Sanatorium on the 19th instant. Three more cases were removed during May but no source of infection was discovered in the interval, and also one case from St. Sampson's parish which had spent a night in the hospital for a slight operation.

In June a very severe case from the Town parish, of which the source could not be traced, occurred. Scarlet Fever antitoxin was used at the Country Hospital for prophylactic, and at the Sanatorium in one instance for curative purposes, with apparently satisfactory results. In the latter instance, however, the result was extraordinarily successful.

The two cases notified in October proved to be one of Rheumatic Tonsillitis, and the other from the Country Hospital of Septic Pharyngitis.

RUBELLA (German Measles).

Two cases of this non-notifiable disease were admitted, one a midshipman in the R.N., and one a soldier of the D.C.L.I. There is now no Government Isolation Hospital here as there was formerly, the Board of

Health having taken over the responsibility of isolating cases of infectious diseases occurring in H.M.'s Forces at a fixed rate of payment.

TYPHOID AND PARA TYPHOID FEVERS.

Four cases of these diseases were notified in the last four months of the year. The two in September had both been travelling abroad, but were apparently unconnected with each other. The other two had not been out of the island, and the cause of their illness could not be traced. There were no deaths and no cases of home isolation. Of late years we have been rather accustomed to think of these diseases as ones practically ceasing to exist, yet in the Brazilian town of San Paulo recently in six months there were 1,343 cases, with 287 deaths. Other similar instances could be given nearer home.

TUBERCULOSIS.

The number of deaths from this cause was 45, of which 41 were due to Phthisis, and only 4 to other forms of the disease. The total number was practically the same as last year. The rates per 1,000 were respectively 1.06, 0.10, a total of 1.16.

There were 14 male deaths with an average age at death of 31.8 years, and 27 female deaths with an average age of 29.0 years at death. Of the males' deaths, 6 were those of men who had fought in the Great War and been pensioned. There were 12 patients admitted to the Sanatorium during the year, the average number of days of residence being 74. Of this number 3 died, 2 being pensioners, and 6 are likely to show a lasting improvement as a result of such treatment.

The number of notifications as usual falls short of the number of deaths. The reasons for this unsatisfactory state of things have been dealt with in former reports. There is one aspect of this disease to which one can refer with a feeling of peculiar satisfaction, and that is the rarity of tubercular infections, excluding phthisis, in Guernsey.

In England it is certain that from a quarter to a third of the dairy cattle are tuberculous. Apart from tuberculosis of the lung and particularly in children and young people, other forms are in a large percentage of cases due to infection with the bovine type of bacillus through the medium of milk. The proportion of such milk-infected cases in England is very much higher than is the case in Guernsey. The reason of this is evident. During the three years, 1924, 1925 and 1926, there have been 2,882 cattle tested with tuberculin, and only 2 of this number re-acted, that is, were found to be suffering from the disease. In this period there were only 2 deaths of children under 5 years of age, a percentage to the total from Tuberculosis of onl 1.7. The inhabitants of Guernsey may well be proud of the fact that their supply of that most vital and important food, milk, is free from the poisonous germs of tuberculosis.

COLLECTION AND DISPOSAL OF REFUSE.

There has been recently some improvement in the collection of refuse, but this system has not been extended in any fresh areas during the year. One Country parish is depositing its refuse in the Town parish. When a complaint is made as to a nuisance in a certain locality, another spot is chosen for a dump until a fresh complaint is made there, and so on. What is wanted so badly is a system of refuse collection and the proper disposal of it when collected, by a central authority quite independent of the parochial system. No other method will give satisfactory results. This matter should be dealt with by a States Committee in the same way as the question of drainage is dealt with, the areas served paying their proportion of the total expense. There is an efficient and adequate refuse destructor in the island, but enough use is not made of it, probably for financial reasons.

To add weight to these views, I will again quote some remarks of the Bailiff's which appeared in my report for 1924:—

> "As regards the dumping of rubbish, I only wish to remind you that *this* is probably due to the lamentable want of provision for the collection and destruction of house refuse. The matter is largely in the hands of the payers of Occupiers' Rate, and particularly of the small holders among them, who are the greatest sufferers.
>
> "It is high time that our rubbish was disposed of in a more scientific way than burying it or scattering it over open spaces."

This refers to the heaps of putrifying refuse which are so commonly found outside the areas of the present system of collection on the cliffs and even in some of the most beautiful spots of the island, which are a source of danger to our health as well as a reproach not only to the whole community but also to the Authorities who allow such nuisances to exist in areas which are under their control.

DRAINAGE.

The original work of Vale drainage scheme has been practically completed during the year after many difficulties had been overcome, but extensions are now being undertaken. No fresh schemes have been started by the Island Drainage Committee, but that for St. Martin's and l'Ancresse districts is certainly the most urgent work to be undertaken in the near future. In parts of the Town parish there are still some old sewers of brickwork remaining, and it is significant that these are the districts most rat infested. In addition to the natural deterioration of these sewers, indeed some of them must be in a condition of senile decay, the constantly increasing heavy and fast motor traffic in the streets will hasten this deterioration of

them. The replacement of them by piped sewers must be seriously considered therefore in the near future.

WATER SUPPLY.

The water supplied by the States Water Board has been of uniformly satisfactory quality during 1926. Although the number of houses connected with the mains increases each year as people appreciate more fully the advantages of a constant supply of pure water, still there are a large number of houses, particularly in the Town parish, without water laid on that should have this essential requirement. The parish pumps and wells are now anachronisms, although many of them yield good water. A considerable number of them have had to be closed during my 25 years' experience, as the water had become polluted. Some have been permanently closed; some appeared to have recovered themselves subsequent to the source of the pollutions being removed, but intermittent—which is the most dangerous form of pollution, as it may escape notice for a while and occur at any time—is possible, when extensive and deep excavations such as have lately taken place for newer buildings are made. Heavy motor traffic and worn brick sewers are also factors to be considered.

The wells in question are generally deep ones and the pumps hard to work. Water has to be pumped and then carried long distances and in all weathers, more often than not by women and children, then perhaps up several flights of stairs. Is it any wonder that the minimum quantity is used and that cleanliness and health alike suffer? These unfortunate people deserve our sympathy and help. The only practical way to help them is to have a compulsory water rate in urban areas.

PRIMARY SCHOOLS.

As usual the medical work connected with these schools has been chiefly limited to the treatment of diseased tonsils and adenoids, and of defective eyesight. Other cases of deformity and obvious illness have received consideration only in a partial manner perhaps, but still more work of this nature than might be imagined has been accomplished. For many years past the advantages of a more complete system, including general medical inspection and the provision of school nurses, has been urged. Towards the end of the year the Education Council again considered the question, and in 1927 decided to start work of this nature, the consideration of which will be dealt with in the next annual report.

HOUSING ACCOMMODATION.

During the year the Homes for Workers' Committee have erected 36

houses in St. Martin's, and 10 in St. Sampson's at Delancey. Plans have also been passed for another 16 in the Braye Road.

As a result of enquiries at the States Office from people seeking houses, which is a fairly good test here of the needs of the inhabitants, I think it may be said that another 150 small houses are badly needed. The vexed question of how many families can afford to live in "parlour" houses seems to be yet unsolved. In many of them experience proves that the extra room is used for the taking in of lodgers, and actually increases overcrowding.

The dreadful conditions prevailing in Cornet Street are now almost approaching a fairly satisfactory solution, in spite of the difficulties of the question.

Some people consider that the demands of the Committee are greater than is necessary. In this matter it is interesting to study a report of Bailiff Daniel de Lisle Brock dated nearly one hundred years ago—October, 1829. In it he says, that since 1819 in the Town parish alone, 401 houses have been built at a cost of £207,000. The amount of other works of a public character also completed seems almost incredible, but the extent of it cannot be detailed here. In those days Guernseymen evidently were enterprising, far sighted, and considered future generations. I do not believe that in these days, they will fail in their responsibilities over the housing questions, but will solve it in the same wise and generous manner as did their forefathers, who built up the prosperity and good reputation of their island so successfully. It is a matter of great regret that the Committee have not been able to instal bathrooms into the houses they have built, but perhaps they may be able to do so in the future.

LABORATORY.

There were 482 specimens of various kinds submitted for examination at the Board of Health Laboratory. The States Analyst examined 27 samples on behalf of the Sanitary Committee: Milk 14, water 7, tinned peas 2, sponge cakes 2, butter 2. One sample of milk was found to be adulterated with water to the extent of 10 per cent. The vendor was summoned and fined £1 and costs.

The new law dealing with the addition of preservatives to food substances was not considered until 1927, but my past experience has convinced me that such adulteration has not been common here in the past.

SANITARY INSPECTION AND DISINFECTION.

The number of houses visited and re-visited for various defects was 228. A welcome feature of this part of our work is the decreasing difficulties of getting these matters quickly and satisfactorily dealt with, not only by the Authorities, but by the persons concerned. There were 172 houses, and

3,124 various articles disinfected during the year. There was no compensation claimed for any damage done, nor has there been for several years past.

THALASSOL.

During the year 13,210 gallons of this valuable disinfectant were manufactured and distributed. The apparatus for its production has been thoroughly overhauled at considerable expense.

OLD AGE PENSION SCHEME.

The Old Age Pension Scheme came into operation in 1926. The administrative work in connection with it was undertaken by practically the same Committee and official staff as were concerned in the States Accident Insurance Scheme. The working of both these schemes has proved so smooth and successful that I would suggest that they would also undertake the responsibility of providing medical attendance for certain sections of the community on the lines of the National Health Insurance Act in England. They already have the foundation for such work in operation. The Poor-Law provides this for a section of the community: Sick Benefit Societies do most valuable work for another section, but their members have to undergo a medical examination before admission, and are thus picked lives. There remains another class who are generally delicate or have been crippled by previous illnesses. These unfortunate people, who are most in need of medical attendance, often find it difficult if not impossible to obtain it, particularly if it be required for long periods.

The Panel medical system in England is not perfect, but no one can deny that it has been a boon to large numbers of people and resulted in an all-round improvement in the general health of those who are included in its operations. Two of its disadvantages, namely, lock-up surgeries with the doctors living a long distance from them and only being available at certain hours, and doctors being allowed to have so many patients on their lists that they could not possibly give them the requisite attention during busy periods, might be easily avoided here. Indeed, I feel sure the Committee could administer such a scheme here in a thoroughly efficient manner and with the minimum of red tape and friction.

The Friendly Societies might continue their work as hitherto if they wished to do so, as in England, and the interests of their members would not be prejudiced in any way. It would indeed be a great loss to our community if any diminution of their most beneficial work were to occur. Their influence in the past in inculcating principles of thrift and self-help amongst their numerous members has been very valuable.

SOCIAL HYGIENE.

In the early part of the year a local branch of the British Social Hygiene Council was formed as a result of an influential meeting in the Bailiff's Chambers. Subsequent investigation has borne out the statement I have often made in the past, that venereal diseases are very rare in Guernsey. The Council has not yet formulated any scheme for the free treatment of such diseases. There are difficulties in doing so, but they can and ought to be overcome.

HENRY DRAPER BISHOP,
States Medical Officer of Health.